Association of State and Territorial Health Officials

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REQUEST FOR PROPOSALS (RFP)
State, Tribal and Community Partnerships to Identify and Control Hypertension

I. Summary Information

Purpose: The Association of State and Territorial Health Officials (ASTHO), with the support of the Centers for Disease Control and Prevention's (CDC) Division of Heart Disease and Stroke, is offering this request for proposals. State health agencies and tribal serving organizations will use this funding to collaborate in utilizing a quality improvement process to implement best practices and evidence based policies to create and refine community and clinical linkages to identify, control, and improve blood pressure.

Proposal Due Date and Time: March 13, 2017, 8:00 pm Eastern Time.
*A notice of intent to apply is also required of all potential applicants. By March 1, please email Lynn Shaull (lshaull@astho.org) briefly stating your intent to apply.

Selection Announcement Date: March 21, 2017

Monetary Assistance Available to Awardees: Awards of up to $140,000 each will be provided for up to three state health agencies to participate in this project. All awarded funds will be granted to the state health agencies, who are then responsible for distributing at least 50% of funds to the tribal-serving organization partner(s).

- *Phase I:* States will be provided $40,000 which includes developing necessary partnerships and identifying 1) successes, 2) challenges/gaps/needs, and 3) strategies for improving hypertension (HTN) identification and control.
- *Phase II:* States will be provided $100,000 to implement and spread the strategies identified in phase one using the partnerships developed.

Estimated Period of performance and final report date:

- *Phase I:* The project period is March 21, 2017 through May 31, 2017, with a Phase I Final Report, and Phase II Scope of Work and Budget due on May 15.
- *Phase II:* The project period is June 1, 2017 through June 1, 2018, contingent upon funding availability.

Eligibility: All state health agencies in good standing with ASTHO are eligible to apply.

ASTHO Point of Contact:
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II. Description of RFP

Purpose

The Association of State and Territorial Health Officials (ASTHO), with the support of the Centers for Disease Control and Prevention's (CDC) Division of Heart Disease and Stroke, is offering this request for proposals to support state health agencies and tribal serving organizations in collaborating to utilize a quality improvement process to partner across sectors including clinical, community, and public health partners to implement best practices and evidence based policies to create and refine community and clinical linkages to identify, control, and improve blood pressure.

Background

This project builds upon ASTHO's 2013-2016 ASTHO Million Hearts Learning Collaborative work. Teams in the Learning Collaborative led by the state health agency engaged a broad range of partners to test and spread systems-level changes that improve the use and sharing of data, standardize evidence-based clinical protocols and financing mechanisms, and implement evidence-based interventions to better identify individuals with undiagnosed hypertension, improve protocols and standardized workflow for patients with hypertension, support patient self-management, and leverage community health workers and coordinated care models. State teams used the Deming Plan, Do, Study, Act (PDSA) quality improvement model to try, assess, refine, and scale up a variety of strategies and approaches towards these ends. To learn more about the learning collaborative states' work through this project, visit ASTHO's Million Hearts website. The Learning Collaborative also focused on creating, refining, and enhancing collaboration between clinical, public health, and community partners to create "systems of care" spanning clinical, community, and public health settings that identify individuals with hypertension and support them in achieving blood pressure control.

This project will specifically identify how state health agencies and tribal serving organizations can work together to support this effort, and bring together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners in a quality improvement learning collaborative. Phase I will focus on creating the partnerships necessary for these systems-level changes while Phase II will focus on implementing strategies to realize these changes.

ASTHO is committed to the promotion of health equity and the elimination of health inequities. Health inequities are reflected by disproportionately high rates of disease, premature death and a lower quality of life. Health inequities are avoidable and state, federal, and locally-funded activities play a key role in helping to solve this problem. Applicants are encouraged to address health inequities within the context of proposed activities.

Project Activities

A key element of Phase I is identifying and engaging the necessary partners to create community-clinical linkages across state health agencies and tribal serving organizations to serve Native Americans in the state. The proposal should include a list of existing partners and additional partners to engage in year one. Partners to engage include, at a minimum:

- State Health Agency Lead as identified by state health official, such as a Chronic Disease Director (This person will serve as ASTHO's primary contact and will be responsible for tasks such as coordinating in person Learning Collaborative sessions, reporting, participating in project lead calls, etc.)
- State Health Official
- Senior Deputy
- Tribal-serving organization(s)
- Public or private health plans
- Local health department(s)
- Clinical provider (This might include but is not limited to: physicians, practice medical directors, nurse managers, etc. in a clinical setting, such as in a FQHC, Community Health Center, or other practice site involved in the project)
- Community partner (This might include but is not limited to: YMCA, fire station, faith-based organizations, public health nurses, public health care coordinators, etc.)
- Health IT partner (e.g. informatics, EHR providers, etc.)
- Regional partners (e.g. Quality Improvement Organization, community health center network, health system, hospital service area or Accountable Care Organization)

In preparation for Phase II, in the proposal, each applicant must identify at least one community-clinical strategy to implement and at least two health system interventions.

Choose **at least one** community-clinical linkage strategy to support the health system interventions below:

- Increase engagement of community health workers to promote linkages between health systems and community resources for adults with high blood pressure. NOTE: Applicants are strongly encouraged to also consider engaging other community-based health care professionals, including public health nurses, care coordinators, nutritionists, patient navigators, etc.
- Increase engagement of community pharmacists in the provision of medication/self-management for adults with high blood pressure.
- Implement systems to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs. NOTE: These referral systems should include bi-directional information and data sharing between the involved community and health care partners to create "feedback loops."

Choose **at least two** health system interventions below:

- Health System Interventions to Improve the Quality of Health Care Delivery to Populations with the Highest Hypertension Disparities
- Increase electronic health records (EHR) adoption and the use of health information technology (HIT) (e.g. patient lists to identify undiagnosed persons with high blood pressure; feedback reports to providers; feedback loops for self-measured blood pressure monitoring; other clinical decision

supports) to improve performance, manage patient panels, and identify higher risk patients (racial/ethnic minorities; low socio-economic groups; low education; geographic areas with high risk patients).

- Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider level (e.g., use dashboard measures to monitor healthcare disparities and implement activities to eliminate healthcare disparities).
- Increase engagement of non-physician team members (i.e. nurses, pharmacists, nutritionists, patient navigators/community health workers) in hypertension management in community health care systems.
- Implement systems to facilitate identification of patients with undiagnosed hypertension.
- Increase use of self-measured blood pressure management programs tied with clinical support. Grantees may choose to support standardized blood pressure self-management approaches in partnership with community partners and/or evidence-based programs (for example, assessing and addressing barriers to medication adherence, supporting blood pressure self-measurement, linking to community-based chronic disease self-management classes, supporting healthy behaviors, etc.). NOTE: Simply implementing a home blood pressure measurement program or self-management class alone is not sufficient—these must be connected to, and implemented in conjunction with, at least one of the other strategies above.

Deliverables, Products, and Results

Grantees are required to complete the project activities above. This also includes the following general meetings timeline:

- March 2017: Stakeholder Meeting 1 – Project Overview and Kickoff: State team stakeholders meet together in-person in-state and ASTHO joins virtually. Anticipated length = 2 hours.
- April 2017: Stakeholder Meeting 2: State team stakeholders meet together in-person in-state for an ASTHO-facilitated planning meeting. Anticipated length = 5 hours.
- May 2017: Stakeholder Meeting 3: State team stakeholders meet together in-person in-state and ASTHO joins virtually. Sub-recipients will present project updates and collaborate with other grantees. Anticipated length = 2 hours.
- June/July 2017: Stakeholder Meeting 4: State team stakeholders meet together in-person in-state for an ASTHO-facilitated planning meeting. Anticipated length = 5 hours.
- August/September 2017: Stakeholder Meeting 5: State team stakeholders meet together in-person in-state and ASTHO joins virtually. Sub-recipients will present project updates and collaborate with other grantees. Anticipated length = 2 hours.
- November/December 2017: Stakeholder Meeting 6: State team stakeholders meet together in-person in-state and ASTHO joins virtually. Sub-recipients will present project updates and collaborate with other grantees. Anticipated length = 2 hours.
- February/March 2018: Stakeholder Meeting 7: State team stakeholders meet together in-person in-state and ASTHO joins virtually. Sub-recipients will present project updates and collaborate with other grantees. Anticipated length = 2 hours.
- May/June 2018: Stakeholder Meeting 8: State team stakeholders meet together in-person in-state for an ASTHO-facilitated planning meeting. Anticipated length = 5 hours.

Grantees must invite stakeholder partners and identify a meeting space for these calls/meetings. ASTHO will provide meeting materials and facilitation assistance.

In addition to participating in the meetings and calls highlighted above, grantees will be required to submit:

- Project progress summaries prior to each Stakeholder Meeting
- Partner engagement progress and challenges prior to each Stakeholder Meting
- Submit invoice and corresponding progress report to ASTHO monthly
- Processes, experiences/best practices, tools, and resources developed through this project with state team partners, state leadership, ASTHO staff, and possibly the funder, national partners, and other stakeholders as appropriate
- Feedback and suggestions on project activities as requested via questionnaires and/or interviews with ASTHO staff

Expected Outcomes

The goal of the project is for state health agencies and tribal-serving organizations to partner across sectors including clinical, community, and public health partners to implement best practices and evidence based policies to create and refine community and clinical linkages to identify, control, and improve blood pressure.

Technical Support

ASTHO is available throughout the project period at no additional cost to:

- Providing on-site technical assistance through site visits and in person meetings and virtual technical assistance through online convenings, webinars, conference calls, etc.
- Providing connections to national partner organizations and individuals, as needed.
- Supporting the states in their development and, implementation, and evaluation of their projects.

Funding

Awards of up to $140,000 each will be provided for two state health agencies, and their tribal-serving organization partner(s), to participate in this project. States will be provided $40,000 in Phase I which includes developing necessary partnerships and identifying 1) successes, 2) challenges/gaps/needs, and 3) strategies for improving hypertension (HTN) identification and control. In Phase II, states will be provided $100,000 to implement and spread the strategies identified in year one using the partnerships developed. All awarded funds will be granted to the state health agencies, who are then responsible for distributing at least 50% of funds to the tribal-serving organization partner(s).

Estimated Period of performance and final report date: The Phase I project period is March 21, 2017 through May 31, 2017, with a Phase I Final Report, Phase II Scope of Work and Budget due on May 15. The Phase II project period is June 1, 2017 through June 1, 2018. (Contingent on availability of funds)

Evaluators

Three ASTHO staff members will independently review and score each complete and timely application using the selection criteria.

ASTHO staff will convene a review session during which each reviewer will discuss their scores and assessments of each reviewed application. ASTHO staff reviewing each application will come to a consensus on scoring and make a recommendation on whether or not the application should be funded based on the applicant's responsiveness to the selection criteria of the application.

Senior ASTHO leadership will review the recommended applications and may request a conference call with the state health official of the top recommended states.

ASTHO leadership will use the application assessments, results of the discussions with state health officials, and potentially other factors (described above in Selection Considerations), to determine the final states to be funded.

III. Requirements for Financial Award

Allowable Expenses
Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently $185,100).

Appropriate use of funds may include, but is not limited to: personnel time, conference calls/webinars, meeting expenses, consulting fees, travel expenses, and staff trainings. All applicants are required to submit a proposed cost-reimbursement budget and budget narrative along with their application.

Required Grant Activities to be Covered by Award
Travel for meetings discussed in section "Deliverables, Products, and Results" (page 4) must be covered out of grant funds.

Period of Performance
Estimated Period of performance and final report date: The Phase I project period is March 21, 2017 through May 31, 2017, with a Phase I Final Report, Phase II Scope of Work and Budget due on May 15. The Phase II project period is June 1, 2017 through June 30, 2018. (Contingent on funding)

Reporting Requirements

Grantees will be required to submit:

- Project progress summaries prior to each Stakeholder Meeting
- Partner engagement progress and challenges prior to each Stakeholder Meeting
- Invoice and corresponding progress report to ASTHO monthly
- Processes, experiences/best practices, tools, and resources developed through this project with state team partners, state leadership, ASTHO staff, and possibly the funder, national partners, and other stakeholders as appropriate

- Feedback and suggestions on project activities as requested via questionnaires and/or interviews with ASTHO staff

Additional Requirements

All awarded funds will be granted to the state health agencies, who are then responsible for distributing at least 50% of funds to the tribal-serving organization partner(s). Criteria for selection will be informed by ASTHO and CDC; however, clear evidence of collaboration between the state health agency and tribal community will be required.

IV. Required Proposal Content and Selection Criteria

Proposals may not exceed 10 pages in length, excluding CVs and budget, and should be single-spaced in 12 point font.

Required Sections:

A. Cover Letter from State Health Official (*Applications without this will not be considered*): Include the name of the lead programmatic contact person (name, address, e-mail, telephone number, and agency's DUNS number or CAGE Code).

B. Letter(s) of Support from Official Tribal Leadership or a Tribal Resolution from (*Applications without this will not be considered*): The letter(s) should clearly state the entities' support; recognition of roles and responsibilities; resources and personnel; alignment with their current work and willingness to undertake the project in collaboration with the applicant.

C. Cover Letter from the Grantee Fiscal Agent (*Applications without this will not be considered*): Include the name of the agency that will be the grantee fiscal agent specifying a contract (name, title, organizational mailing address, e-mail, telephone number).

D. Proposed Approach (*20 points*): *Provide a brief outline of the approach and strategy to accomplishing the requested project activities. Detail a work plan which includes activities, timeline, goals, and milestones to achieve the deliverables and meet the expectations noted above, and should answer the following questions:*

- Rationale for selecting the target priority population, including relevant health disparities
- How you propose to tailor the strategies in this RFP to serve this priority population by testing new approaches and partnerships.
- Demonstrated understanding of leveraging systems for identifying and improving hypertension control.
- Describe how you will reach population impact and include the number of people you will reach.
- Describe how you will build capacity to share data across state, tribal, clinical, and community entities.

E. Existing and Proposed Partnerships (*20 points*): This section should include answers to the following questions:

- A discussion of your partners, their potential roles and responsibilities in the project, and how they will support the goals of the project.
- A description of how partners represent a multi-disciplinary cross-section of entities and issues within your state, particularly related to your selected issues and target population

- Describe how you will involve local partners (community and clinical) in each community.

F. Prior Experience and Performance (*15 points*): This section should answer the following questions:

- Describe experience and quality of performance on recent work completed with similar scope.
- Include information about familiarity with and understanding of the topic.
- Describe ability to represent ASTHO well in interactions with state and territorial health agency staff and other governmental, private sector, and/or non-profit stakeholders.
- Past or current experience with sharing data across entities to improve performance.

G. Organization Capacity (*15 points*): This section should include answers to the following questions:

- The sufficiency of the financial resources and ability to perform the proposed project.
- The commitment of the state leadership team in making this a priority.
- The capacity of the state agency or stakeholders to collect and analyze data at either or both the population health and individual patient levels for the health indicators you propose to improve.

H. *Sustainability* (*10 points*): This section should include answers to the following questions:

- Describe how these efforts link to other state initiatives.
- Describe how you plan to disseminate learnings from your project across your state.

I. *Inclusion of Health Equity* (*10 points*)*:*** Throughout the proposal, address the following:

- Describe the extent to which health disparities are evident within the health focus of the application.
- Identify specific group(s) which experience a disproportionate burden of the health condition.
- Demonstrate how proposed activities address health inequities (this also includes identifying social and/or environmental conditions which are the root causes of health disparities).

J. Budget & Budget Narrative (*10 points*): Provide a detailed cost reimbursement budget, including detailed projected costs for the completion of the project. Maximum award is $40,000 (for Phase I). "**Attachment A"** outlines the general format in which the budget should be presented. Applicants may use Attachment A as a template or simply as a guide to inform development of the project budget. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity.

- The cost reimbursement budget should include salary, fringe benefits, other direct costs, and indirect costs, as appropriate. If indirect costs are included on your budget, please provide a copy of your approved Indirect Cost Rate Agreement.

K. Response to Draft Contract (*Applications without this will not be considered*): ASTHO and selected applicant(s) will enter into a sub-grant agreement. A draft agreement between ASTHO and the selected applicant is available in Attachment B. Review the agreement's terms and conditions with your contracts officer and confirm that if selected, you will enter into this agreement, or identify and include any proposed changes with your proposal application. ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement's timely execution, may impact your selection as a successful applicant.

Additional Selection Considerations

Selection will also include consideration of diverse representation of state health agencies such as agency structure (i.e., centralized versus decentralized), geography, and organizational structure within government.

V. Submission Information

Application Procedure
ASTHO must receive applications by March 13, 2017, 8:00pm Eastern Time. Please submit an electronic copy of the application via email to Elizabeth Walker Romero (email: eromero@astho.org) and Lynn Shaull (email: lshaull@astho.org).

Incomplete applications or applications received after the deadline will not be considered.

Timeline

- *March 1:* Deadline for submitting notice of intent to apply
- *March 13, 8:00pm Eastern Time*: Deadline for submission of grant proposals
- *March 21*: Contract award announced
- *March 21*: Contract period commences
- *May 15*: Final report due

Applicant Questions and Guidance
Interested applicants may contact ASTHO staff Elizabeth Walker Romero (email: eromero@astho.org) and Lynn Shaull (email: lshaull@astho.org) with any questions about the RFP.

Disclaimer Notice:
This RFP is not binding on ASTHO, nor does it constitute a contractual offer. Without limiting the foregoing, ASTHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall ASTHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.